DECLARATI	ON AND	Attorney Do	ocket Number	21156Y	136 Y							
POWER OF AT		First Named	d Inventor	Catherine Abbadie, et al.								
PATENT APPI			COMPLETE IF KNOWN									
(37 CFR 1		Application ?	Number									
Declaration Submitted	Declaration Submitted after Initia	Filing Date										
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art U	nit									
	required)	Examiner Na	ame									
As a below named invento	r. I hereby declare th	nat:										
My residence, mailing addre	-		v next to my nam	ne.								
I believe I am the original, f	first and sole inventor	(if only one nan	ne is listed below	y) or an original, first and joint invertient is sought on the invention entity								
	CCR-2 ANTAGON	NISTS FOR TR	REATMENT OF	NEUROPATHIC PAIN								
the specification of which		(Title of th	ne Invention)									
bears the Attorney Doo	cket Number and Title	of the Invention	n noted above									
OR is attached hereto OR												
was filed on (MM/DD	/YYYY)	as	United States Ap	plication Number or PCT Internation	onal							
Application Number I hereby state that I have rev			on (MM/DD/YYY) the above identi	YY) (if ap fied specification, including the cla	oplicable). nims, as							
amended by any amendmen				, ,	,							
as defined in 37 CFR 1.56, i	including for continua	tion-in-part appl	lications, materia	tion known to me to be material to il information which became availa date of the continuation-in-part app	ble between							
certificate(s), or 365(a) of an America, listed below and ha	y PCT international ap	oplication which	designated at le the box, any for	of any foreign application(s) for parast one country other than the Unit eign application for patent or inventation on which priority is claimed.	ed States of stor's certificate(s),							
Prior Foreign Application Number(s)		F	oreign Filing Date (MM/DD/YYYY)	e	Priority Claimed?							
Number(s)	Country		(WIWI/DD/YYYY)	Attorney Docket Number	YES NO							
•			- - 1 1									
			· · ·	PTO/SB/02B attached hereto.								
I hereby claim the benefit under	133 U.S.C. 119(e) of any		ing Date	n(s) listed below.								
Application Nun		(MM/	DD/YYYY)	Attorney Docket	Number							
60/476,391	···	06/06/2003			21156PV							
60/531,637	.1	2/22/2003		21156PV2								

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DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

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	Nan	ne			gistration Number				N	ame			R	legistration Number	
David Rubin		·	4	10,314	·····	I	David	L. Ros	se				26,332	T. Walliou	
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Direct all co	rrespon	dence to: X	Custom	er Numb	oer 00	0021	0								
Name	David l	Rubin													
Address	Merck	& Co., Inc	Patent De	partmen	t				•						
Address	P.O. Bo	ox 2000, RY	760-30												
City	Rahwa	y				St	ate NJ ZIP				07065-0	0907			
Country	USA			Te	elephone	(732)	2)594-2675 Fax					(732)594-4720			
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Name of Sole of	or First	Inventor:					_ A ₁	etitio	n has be	en filed fo	r this u	ınsigne	d invent	or	
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Catherine			- , ,			A	Abbad	ie		1			-		
Inventor's Signature		Alaha	de	→						Date	11	Jan	. 200	15	
Residence: City	Sum	mit		Sta	te NJ		Cou	ntry	US		Citiz	enship	FR		
Mailing Address		Merck & Co	o., Inc. P.	O. Box 2	2000							<u> </u>			
City		Rahway				s	tate	NJ	ZIP	07065-0	907	Cour	ıtry	J.S.A.	
X Additional	invento	rs are being na	med on the	sı	ipplemental	Additi	onal In	ventors	s(s) sheet	(s) PTO/SE	3/02A at	tached h	nereto.		

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Addition	onal Joint Inventor, if any: A petition has been filed for this unsigned inventor										ntor		
Give	n Na	me (first and middle [if	any])					Fa	mily Na	me o	r Surnan	ne	
Jill Ann					L	india							
Inventor's Signature	Jun-2						Date II JA						
Residence: City	Sout	h Plainfield	State	NJ	,	Count	ry U	S		Citiz	zenship	US	
Mailing Address		Merck & Co., Inc. P.O. E											
City		Rahway		Sta	te N	J	ZII	0706	5-0907		Country	y U.	S.A.
Name of Addition	nal J	oint Inventor, if any:				A pe	tition	has be	en filed f	or this	s unsigned	inve	ntor
Give	n Na	me (first and middle [if	any])					Fa	mily Na	ame c	r Surnan	ne	******
Нао					\v	Vang							
Inventor's Signature									Date				
Residence: City	Fort	Washington	State	PA		Count	ry U	S		Citizenship US			
Mailing Address		10 Sentry Parkway, Walto	on Rd, S	tenton A	ve, a	nd Sentr	y						
City		Blue Bell	State P			A ZIP 19422				Country U.S.A.			
Name of Addition	nal J	oint Inventor, if any:	A petition has been filed for this unsigned inventor										
Give	n Na	me (first and middle [if	fany]) Family Name or Surname										
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Inventor's Signature		•				Date							
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City			±		St	ate		ZIP			Countr	y	
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DECLARATI	ON AND	Attorney Docket Number	1156Y									
POWER OF AT FOR UTILITY O		First Named Inventor	Catherine Abbadie, et al.									
PATENT APPL	ICATION	CO	MPLETE IF KNOWN	OWN								
(37 CFR 1.	.63)	Application Number										
Declaration Submitted	Declaration Submitted after Initial	Filing Date	ling Date									
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit										
As a below named inventor	r, I hereby declare tha	t:										
My residence, mailing addre	ess, and citizenship are a	as stated below next to my nam	e.	·								
) or an original, first and joint invenent is sought on the invention entitle									
	CCR-2 ANTAGONI	STS FOR TREATMENT OF	NEUROPATHIC PAIN									
the specification of which		(Title of the Invention)										
	ket Number and Title o	f the Invention noted above										
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is attached hereto OR												
was filed on (MM/DD/	YYYY)	as United States Ap	plication Number or PCT Internation	nal								
Application Number	and w	as amended on (MM/DD/YYY	YY) (if app	olicable).								
I hereby state that I have rev amended by any amendment			fied specification, including the clai	ms, as								
as defined in 37 CFR 1.56, in	ncluding for continuation	on-in-part applications, materia	tion known to me to be material to particular information which became available late of the continuation-in-part apples.	le between								
			of any foreign application(s) for pa									
			ast one country other than the Unite eign application for patent or invent									
			ation on which priority is claimed.	or s certificate(s),								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO								
		:										
Additional foreign applica	tion numbers are listed on	a supplemental priority data sheet	PTO/SB/02B attached hereto.									
I hereby claim the benefit under	35 U.S.C. 119(e) of any U	nited States provisional application	n(s) listed below.									
Filing Date Application Number(s) (MM/DD/YYYY) Attorney Docket N												
60/476,391	06.	/06/2003	21156PV									
60/531,637	12.	/22/2003	21156PV2									

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

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Name	David F	Rubin															
Address	Merck 6	& Co., Inc	Patent D	epar	tment								<u> </u>				
Address	P.O. Bo	ox 2000, R	Y60-30														
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Country	USA				Tele	phone	(732)	594-2	675			Fax (73		(732)59	94-472	20	
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Catherine				_			A	Abbad	ie								
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Name of Addition	nal J	oint Inventor, if any:		A petition has been filed for this unsigned inventor												
Give	n Na	ame (first and middle [if	anvl)			Family Name or Surname										
Jill Ann						Lindia										
Inventor's Signature			Date													
Residence: City	Sou	th Plainfield	State	NJ		(Counti	s	Citizenshi			US				
Mailing Address		Merck & Co., Inc. P.O. I														
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City		Blue Bell	State P			A ZIP 19422				Count			ry U	J.S.A.		
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